

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/565820** FILING DATE

APPLICANT(S)

CLAIMS

	CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						51							
2		/					52							
3		/					53							
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46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	3													
TOTAL DEP.	14													
TOTAL CLAIMS	17													